

THE HOSPITAL GAZETTE

AND
ARCHIVES OF CLINICAL SURGERY.

A SEMI-MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. 3, No. 6. }
WHOLE No. 26. }

NEW YORK, MARCH 15, 1878.

Subscription,
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Formula.—Pure Norwegian Cod Liver Oil, 50 per cent.; Syrup Wild Cherry Bark, 25 per cent.; Hypophosphite of Lime, 5 grains; Hypophosphite of Soda, 5 grains, to each fluid ounce.

This emulsion contains nearly fifteen per cent more oil than any other offered to the profession, and such is the care taken in its manufacture, that it will not decompose, or be precipitated by standing, as is so often the case. It is also elegantly flavored, and will be found to agree with the most delicate stomach. In ordering, please specify "Kress' Emuls. Ol. morrh. cum Pruni Virg." Please inform your druggist that this preparation can be found at the wholesale houses of John F. Henry, Curran & Co., and Fraser & Lee. **Personal attention given to Compounding Prescriptions.** Special attention paid to Orders from the Country.

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For Invalids, Travelers, and persons
of delicate health.

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Total Abstinence Saving Wine Till it Ripens.

There is a curious story about some native wines which are extensively advertised nowadays, and have only recently been put upon the market. Dr. Underhill, the well-known grape-grower of Croton Point, died in 1871. Some of his heirs entertained temperance views of such extreme kind, that they were unwilling to allow the stock of wines then on hand to be sold or any more to be made. The grapes have sometimes been sent to market, and sometimes left to decay upon the vines. It is only now that the other heirs have succeeded in arranging for a settlement of the estate and a sale of the wines on hand. Among these is a wine of the vintage of 1864, described as a "Sweet Union Port," but suggesting the Imperial Tokay more than any other European wine, and being wholly unlike any other wine of American Growth. Its purity, age and mellowness are remarkable, and both physicians and wine-fanciers have a special interest in it as the oldest native wine now accessible in any considerable quantity. The whole stock is in the hands of the well-known wholesale grocery house of the Thurbers.—*N. Y. Tribune*, Nov. 19th, 1877.

The above speaks for itself, but we would add that this is the pure juice of the grape, neither *drugged*, *liquored* nor *watered*; that it has been ripened and mellowed by age, and for medicinal or sacramental purposes it is unsurpassed. It can be obtained from most of the leading Druggists throughout the United States, and at wholesale from the undersigned, who will forward descriptive pamphlet, free of charge on application.

Respectfully, etc.

H. K. & F. B. THURBER & CO.

**West Broadway, Rende and Hudson Streets,
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Physicians can refer their patients to any of the leading retail druggists in New York, Brooklyn, or Jersey City, for the above.

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EDITED BY

EDWARD J. BERMINGHAM, M.D., and FREDERICK A. LYONS, M.D.

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EDITORIAL.

SPECIAL NOTICE TO OUR SUBSCRIBERS.

In deference to the expressed wishes of a large number of our friends and subscribers, we have concluded to materially increase the size of the GAZETTE and to publish it as often as ONCE A WEEK. Whether our course will meet with general approval time alone will tell. We shall endeavor in the future, as in the past, to merit the approbation and support of each and every member of the profession, to whom we wish to express our thanks for the kind encouragement we have uniformly received. The journal will be conducted in the same spirit and with the same independence as has characterized it from the beginning, and our subscribers may rely upon the fact that the GAZETTE will be published solely in their interest. Editorially, the only change which will be made will be the addition of the name of Dr. H. H. Kane, as *Associate Editor*. Particular attention will be given to reporting the best clinical lectures delivered in New York and Philadelphia, to the "Periscope" and "Hospital Records." We shall also from time to time give translations of the admirable clinical lectures delivered at the Parisian hospitals, and shall not ignore our German cousins, to whom medical science owes so much. In short,

all the departments of a well-conducted journal will be represented, and we shall aim at the highest standard of medical literature.

Hereafter the GAZETTE will appear regularly every Thursday. Each number will contain twenty closely-printed pages of reading matter, making 1040 pages annually, instead of 576 as at present. Notwithstanding this very great increase in the amount of matter furnished, the subscription will be placed at the remarkably low price of \$2.00 per annum, including postage; thus placing the journal within the reach of every practitioner. The first weekly number will be issued on April 4th, and there will be no alteration in the form or paging of the GAZETTE.

...

SURGEON-GENERAL WILLIAM A. HAMMOND

The committee on military affairs of the U. S. Senate to whom was referred the bill for the relief of William A. Hammond, late Surgeon-General of the Army, which authorizes the President to review the proceedings of the court-martial by which Dr. H. was tried in 1864, and to annul and set aside the proceedings of said court-martial, should he deem it proper so to do, and also to place Dr. H.'s name on the retired list of the army; has reported favorably thereon.

We are certain that every one acquainted with the facts of this case will be pleased to hear that such a distinguished member of the profession and accomplished gentleman, is about to have a wrong redressed after so many years. It must be gratifying to Dr. H. to know that throughout the 14 years which have elapsed since his trial, he has always had the confidence of the profession, and as far as we can learn, not a single member conversant with the facts at the time, believes that Dr. H. was guilty of anything more than an error of judgment, and that the real cause of his degradation was the ill-will of his powerful superior in the war department, Secretary Stanton. It is quite evident that the Senate committee views the matter in this light, as it is disposed to give the doctor permission for a review of his case and to repair the damage inflicted in the only way possible,—an honorable restoration to the army. In summing up the report to the Senate, the committee says:

"Let Dr. Hammond, in event he shall satisfy the President of his right thereto, be restored to his family, his friends and his profession, freed from every taint or blemish which has hitherto been inflicted upon him under fortuitous circumstances. His brethren of the medical profession honor his name and fame, and his countrymen look upon him with pride as foremost in the ranks of American Scientists, humanitarians and gentlemen. Your committee believe this to be a case wherein the Constitutional prerogative of Congress to redress grievances may be safely, justly and fairly exercised, especially since the President is invested, by the provisions of the bill, with wise discretion. If he find against the merits and equities of the case, then the relief sought must be denied. If he find otherwise, and

hence favorably, Dr. Hammond will then receive that reparation to which he is entitled, and which avoids, by the terms of the bill, all reflection and humiliation upon any other party concerned."

IMPROPER EXHIBITIONS.

Some time since we had the curiosity to stray into a place of amusement known as the "New American Museum," and were surprised to see a couple of poor, harmless idiots exhibited under the name of "Wild Australian Bushmen." We wondered at the time that the humanitarian Mr. Bergh had not taken cognizance of an act so revolting to refined and cultivated people, and should have directed his attention to the matter at the time, had not other affairs of importance supervened to preoccupy us. We subsequently learned that the poor unfortunates had been removed to other quarters.

Lately, however, we heard that a "double-headed child" was the great attraction at this place of amusement, and in order to verify the report we took occasion to visit the resort. We found a poor little unfortunate, at that time nine weeks old, who was deformed by what seemed to us to be a cephalobifida, the tumor being as large as its head proper. The parents, who were present, and had charge of their offspring, would not allow an examination to be made, so that we cannot speak positively as to the nature of the excrescence. The father seemed proud of his distinction, and told us very confidently that the child had a double passage, and that the excrement from each was of different colors.

We do not wish in this place to discuss the case as one of scientific interest, but to look at it altogether in its moral aspect.

It seems to us to be revolting in the extreme for a poor little harmless sufferer from such a formidable disease, to be exposed thus to the public gaze. If the parents themselves have so little self-respect as to sacrifice the commonest feelings of humanity by allowing their malformed offspring to be made the object of the morbid curiosity of vulgar spectators for the sake a little money, they should be compelled by law to desist from offending the moral sense of the community by putting up such a pitiable object for exhibition. The idea of exposing to public view the sufferings and monstrosities of human nature, for no useful purpose, is so disgraceful to all right-thinking people that it is a marvel that such a thing is tolerated for an instant. The managers of a place of *amusement* who make money in such a disreputable manner, are too barbarous to be tolerated in a civilized community, and the place where such an exhibition is made should be closed.

We have a Society for the Prevention of Cruelty to Children, and we think no worthier case for their interference could be found. Not only is it an enormity against the child, but the moral effect on the people is debasing to the utmost degree. Such an exhibition is unpardonable, and cannot be excused in any way. It is time that some influence should be brought to bear in the right direction to have such outrages stopped.

NEW YORK COLLEGE OF VETERINARY SURGEONS.

Among the college commencement celebrated recently was that of the New York College of Veterinary Surgeons, which, according to the newspaper account, went off with a great deal of eclat, the trustees and faculty having been honored on the part of the City by the venerable philanthropist, Mr. Peter Cooper; and on behalf of the medical profession by no less a personage than Prof. Wm. A. Hammond, who delivered the address of the evening, upon "Equine Psychology."

Any effort to elevate veterinary medicine to the position of a science should meet with the encouragement and support of every cultivated and high minded person, and more especially should the members of the medical profession co-interference and sustain an institution, the object of which is to educate men to intelligently and scientifically treat our domestic animals. To such a course we should be the last to take an exception, but when we see an institution engaged in what the profession understands as "irregular practices" receiving the support of the medical public, we cannot refrain from calling the attention of the medical public to the facts.

We have before us "The People's Declaration of Facts!!!" which is a collection of testimonials regarding the efficiency of a "Superlative Cure" "prepared only by Geo. W. Busted," who is the Medical Director of the New York College of Veterinary Surgeons. This "Superlative Cure" is one of the many *cure-alls* with which the drug market is flooded, and on the circular we find the following names endorsing its many virtues: E. G. Rawson, M.D., President of the New York College of Veterinary Surgeons; R. Kelly, one of the trustees, and D. C. Comstock, M.D., and L. G. Fairchild, Ph.D., members of the faculty of the same institution. We have seen a bottle of this "Superlative Cure," the label of which is embellished by a portrait of the proprietor.

This one fact which alone should be sufficient to condemn the institution as far as the medical profession is concerned, but it is not the only one in existence. Amongst the faculty we find the name of "J. A. Goings, M.R.C.V.S., Prof. of Surgery and Surgical Pathology." For the enlightenment of the profession we would place alongside of this the following advertisement, from a leading sporting paper:

WORMS! WORMS! WORMS!

(Here follows a testimonial.—Ed.)

GOING'S WORM DESTROYER,

Prepared by Prof. J. A. GOING, M.R.C.V.S.E.,

Veterinary Editor "*Spirit of the Times*,"

&c., &c.

Another advertisement reads:

What is the Matter with My Horse ?

WORMS ! WORMS ! WORMS !

What will Cure Him ?

GOING'S WORM DESTROYER !

&c., &c.

We would say that this is only a small fraction of the advertising done by Mr. Going, who is the representative man of the faculty of the New York College of Veterinary Surgeons. He is the proprietor of "Copeman's Tonic Powder for Horses," the recipe for which, his advertisement informs us, he purchased from the widow of the late Prof. Copeman. As "Veterinary Editor" of the *Spirit of the Times* he is engaged in corresponding openly with horsemen in all parts of the country. Periodically he makes a circuit, his appearance in each place being heralded beforehand. We have seen a circular from Mr. G. setting forth his qualifications, and addressed to a gentleman in this city, soliciting his patronage.

We think that, in the face of these facts, no professional man—no physician bound by the ethics of the profession—has the right to recognize such an institution, and we are certain that every medical man connected with the college will receive the censure of his professional brethren. Indeed, when the County Society thought proper to insist upon the withdrawal of professional names from the advertisements of the Apollinaris and Hunjadi Janos waters, we are sure that as soon as its attention is called to this institution that a similar course will be taken with those connected either directly or indirectly with it and coming under the jurisdiction of the Society.

But to return to Dr. Hammond. He has certainly brought no honor to the profession by the course he pursued of officiating at the commencement of this institution ; and if we are informed correctly, the character of the college was fully explained to him one week before the commencement exercises, but he declined to withdraw from his engagement. We cannot congratulate the doctor upon the honor of addressing this graduating class—three in number ; two of whom, we understand, had been rejected at the examination for their degree, when the college was under praiseworthy management. The third graduate was the brother of Prof. J. A. Going.

The following are the medical men connected directly with the New York College of Veterinary Surgeons :

Edmund G. Rawson, M.D., *President of the College and Emeritus Professor of Theory and Practice.*

D. C. Comstock, M.D., *Sec. of Faculty, and Prof. of Anatomy, General and Comparative.*

Thos. A. Hawkins, M.D., *Prof. of Physiology and Chemistry.*

Erskine S. Bates, M.D., *Prof. of Materia Medica and Therapeutics.*

Edward C. Mann, M.D., *Prof. of Histology and Pathology.*

Thos. H. Skinner, M.D., *Prof. of Obstetrics.*

LECTURES

LECTURES ON PARALYSIS AND CONVULSIONS AS
EFFECTS OF ORGANIC DISEASE OF THE BRAIN

Delivered at Bellevue Hospital Medical College, New York,

C. E. DROWN-SQUARD, M.D., F.R.C.P.

LECTURE VII.

GENTLEMEN—In the preceding lectures I have tried to show that though the symptoms are exceedingly variable in brain disease, we can generally come to the diagnosis of the seat of the lesion. To-day I shall continue on the same subject. What remains to be examined is what relates to the convulsions of the brain. Certainly they are parts of the cerebral structure that produce exceedingly variable symptoms. We may have a great deal of difficulty in coming to a conclusion as to the seat of the lesion, but still there are some points that may lead us to a correct diagnosis.

Before coming to the symptoms produced by disease, there is one point, which I have already mentioned many times, but which I must now again revert to. This point is, as to whether the convulsions contain the psycho-motor centers.

Within the last five or six years there has been a great effort in Germany, England, France, and in this country to determine and prove this point. There has been a strong effort to show that certain parts of the convulsions of the brain are places in which the will power acts to produce voluntary movements. The parts in front of the fissure of Rolando, and behind, and near the Sylvian fissure are the parts where the will power acts to produce voluntary motion. The facts on which these views are grounded are extremely interesting, and one discovery by Fritsch and Hitzig possesses a great degree of interest, and deserves more than ordinary attention.

It was believed that the brain substance, at least in the central portion, was not excitable by any of the means of irritation that we possess, galvanism, mechanical irritation, such as tearing up or pricking the nerve tissue, chemical irritants, such as the mineral acids, etc., and thermic irritants, such as the hot iron. As you well know, when we apply such irritation on a nerve or the spinal cord, or on the base of the brain, we may produce reflex or direct movements if the part irritated is a motor part. No doubt if we found that any of these agents, by irritation of a central part of the brain, would always produce the same kind of movement, it would be established that that part of the brain is excito-motor or has a direct power of producing that certain movement. This, however, is not so. The only agent that will produce such an effect is galvanism. Therefore there is a radical difference between these and other parts of the brain, and as you well know, galvanism can have a diffuse effect whenever it is applied. Its effects

may certainly be propagated from the point to which it is applied to other parts at a distance. This is a way of explaining the effects observed when these portions of the brain are excited by galvanic irritation, if you refuse to admit that they are centers presiding over voluntary motions.

Again, experiments have been made to show that galvanism applied to the convolutions is propagated and that the movements which take place under this irritation only occur sometimes and not always. There is no doubt—from the labors of certain friends and pupils of mine, led in a measure by myself, although I was mistaken—there is no doubt, that local galvanization of the convolutions may be followed by certain muscular movements, but this is no proof whatever that the part thus acted upon is a psycho-motor center.

To use an old illustration, if we tickle the sole of the foot, we may produce certain muscular movements of the face that we call laughter, but we certainly do not look upon the sole of the foot as the psycho-motor center for these movements. The same reasoning applies with full force when we consider the movements produced by irritating the convolutions of the brain. There is no reason to conclude that the irritation acts directly on a motor organ. A motor center may have been excited, but it has been through a propagated influence, and a reflex action is the consequence. It is, I repeat, the same thing as occurs when we tickle the sole of the foot.

This view is certainly more in harmony with the facts than the one generally admitted. If it were the case that a motor organ is excited by the irritation, all irritants as well as galvanism should produce the same effect. Moreover, if these parts were taken away, we should get paralysis of those muscles that act in causing the contraction, and this paralysis would be persistent. In animals, when these parts are taken away, an appearance of paralysis will come on, but when we investigate this, we find that the apparent paralysis is similar to the general paralysis of the insane, in which the convolutions are inflamed and there is irritation of other parts of the brain tissue. It is simply a disorder in the action of the will power, and not paralysis that is present in these cases. When these parts are taken away and such results are seen to follow, it would show, if it led to any conclusion, not that they preside over the voluntary motor actions, but that they serve to maintain the equilibrium.

The second conclusion, however, that the convolutions maintain the equilibrium of the body is not true. If, instead of taking away the pretended psycho-motor center alone, we remove a great deal more of the tissue, we ought to have, certainly, no power of producing these movements left. There may be no paralysis. There ought to be a greater paralysis, but in many cases there is not only no paralysis at all, but not even the appearance of it. If you only take a part of the organ away you will have more disorder of movements than when you remove the whole of it. The effects that are seen then can only be the effects of irritation.

Longet found in one case, that after producing apparent paralysis on one side of the body, by taking away the so-called psycho-motor centers, when he took away the corresponding centers on the other side of the brain, the paralysis produced by the first operation disappeared. He should unquestionably, if the theories were true, have found a second paralysis on the opposite side, and no change whatever in the side that was first paralyzed. This is decisive in showing that an irritation is produced in another part of the nervous system by the first injury. By the second operation you produce cessation of the apparent results of the first.

Professor Bayer, of Paris, experimented on a chameleon by removing the brain on one side, and the result was paralysis of the other side of the body. He then took away the other half of the brain, and instead of producing the same condition on the sound side of the body, the paralysis that appeared from the first removal disappeared. In this case one half of the brain had been removed, and the paralysis produced appeared to be due to the fact that the voluntary motor centers had been taken away, and the second operation, removal of the remaining half of the brain, instead of being followed by a second paralysis of the other half of the body, was followed by the cure of the animal of the first paralysis, that produced by the removal of the first half of the brain. This is a mode of treatment, however, that I should not advise in the human subject.

From the facts that I have related, it follows that there is no reason to conclude that paralysis depends on the loss of an organ employed by the will power. The reality is, that when paralysis appears, it is due to an irritation which starts from the place in which the disease is situated, and from that point spreads its influence to many others in the cerebro-spinal system, and causes, by an inhibitory influence, a cessation of the activity of those cells to which it has spread, and thereby produces paralysis. The results of all the experiments with galvanism tend likewise to show that paralysis may be produced by irritation in this way.

Bouchfontain found that the application of galvanic stimulus to the dura mater, or even simple gentle friction with the nail, according to where it was applied, could produce a movement of either the arm or leg. From this fact are we to place the center of will power for movement of the leg or arm in the dura mater?

Even those persons who believe in the existence of the psycho-motor centers admit that paralysis, apparently due to their removal, disappears after a time. It is, therefore, plain that in these cases we have to deal with something else besides the ablation of an organ.

A great effort has been made by Prof. Charcot to show that certain conclusions, as regards the motor centers, must necessarily be drawn from clinical facts. He has shown that certain parts of the convolutions of the brain have more power in producing paralysis than others. There is no doubt that certain parts around the fissure of Rolando, when they are subject to disease, will give rise to paralysis more

frequently than when the disease is in other parts of the convolutions; but if you examine the facts, you will find but very few which are in harmony with the admitted theory.

According to these observers the anterior convolutions contain centers that move the tongue and lips, and those in front of and behind the fissure of Rolando serve chiefly for the movements of the arm and leg. These parts and some others, that it is not necessary to mention more particularly, along the central fissure of the brain, are the so-called psycho-motor centers.

We find many cases in which disease has destroyed these parts without the production of any marked paralysis. These facts are certainly quite sufficient to show that the conclusions are wrong.

If you examine the facts seemingly in harmony with the theory, you will find in many cases where the disease has occupied only small parts, that there still may be complete hemiplegia. In other cases we find that the face is paralyzed together with the arm when the lesion is situated in that part of the brain considered to be the motor center for the leg. Indeed, the discrepancies between the cases and the conclusions of physiologists from their experiments are decisive against the theory.

Is it possible, however, to diagnosticate a disease existing in the convolutions of the brain, even when the disease is elsewhere than in the psychomotor centers so-called? Sometimes it is so. Disease somewhere else may produce paralysis of the same kind, but we must endeavor to look as carefully as possible for the seat of the disease, as the means of treatment vary according to the location of the lesion.

If the disease is in the convolutions together with paralysis, there is a likelihood that convulsions will occur. Convulsions occur more frequently when the disease is in the convolutions than when it is in any other part of the brain. So much so, that Dr. Wilkes, of Guy's Hospital, thought that epilepsy was due to disease in the cerebral convolutions, and I made an equal mistake when I considered that it depended always on disease of the membranes outside or inside of the ventricles. There were a great many facts in favor of my view, but also a great many against it. However, in many cases where the disease is situated in the convolutions, it is likely that we will have convulsions with the paralysis. So then, when we have convulsions present in such cases, we may suspect that the disease is in the convolutions, and examine carefully for further evidence.

With disease here, it is frequent to find disorder in movements, if movement remains. Nearly always there is not simply loss of voluntary action but also disorder of movement. Then, besides, the paralysis is usually much less in extent than in disease in other parts of the brain, and the paralysis is chiefly marked in the arm.

Again, the convolutions of the brain are employed in the exercise of the noblest faculties of the mind, and, therefore, there will be some disorder in the higher faculties when they are the seat of the disease. If the lesion is on the left side of the brain, whether or not it be in

the third convolution, there will be great difficulty for the patient to find the proper words by which to express himself. Amnesia is frequent, and very frequently there will be complete loss of power of expressing ideas by speech. So that there are a number of symptoms that may lead us to localize the lesion with considerable accuracy.

Other features are interesting. There is frequently contracture of one limb, oftenest of the arm. If the disease has existed for any length of time, as from a tumor, this is more likely to occur. It is very frequent to find this rigidity in the limbs, especially in the arm.

Prot Charcot tried to explain this, on the ground of secondary degeneration. That portion of the convolutions in front of the fissure of Rolando is the part, disease in which chiefly produces the rigidity. Charcot showed that the secondary degeneration extends from this situation to the pons Varolii, the medulla oblongata and the spinal cord.

The convolutions of the brain have also peculiar features that may help up us in making a diagnosis. My friend and former assistant, Dr. J. Hughlings Jackson, was the first to clearly show the features that usually belong to these cases. If epilepsy or convulsions appear as the result of the disease in the convolutions, the arm especially, but sometimes the leg, will be seized by a cramp before the attack. Sometimes with these attacks there are peculiar sensations, as formication, or burning or pricking sensations, and for a while the symptoms are localized in one limb only.

These features are not absolutely peculiar to disease in these parts, but certainly belong far more frequently to lesions here than to lesions in other parts of the brain.

I cannot review all the symptoms which will lead us to the diagnosis of the lesions that produce paralysis, but I will now repeat in as few words as possible the reasons that lead us to localize the disease.

If you find paralysis in the limbs, with paralysis of the face on the opposite side, you may look to the pons Varolii as probably being the seat of the lesion.

If you find paralysis with hemiopia, there is likelihood that the disease is in the tubercula quadrigemina.

If you find paralysis coexisting with complete loss of action of the third pair of nerves, and paralysis of the limbs on the opposite side of the body, then the disease is probably in one of the crura cerebri. These are the most important features.

I now pass to another point, the study of convulsions in connection with brain disease. Convulsions, as you know, may appear without epilepsy. They are certainly distinct from epilepsy proper. What essentially characterizes epilepsy is loss of consciousness. There is, indeed, no need for convulsions to be present in attacks of epilepsy. In the *petit mal* of the French or epilepsy *minor* of the English there is no necessity of convulsions or rigidity of any muscles

in the body. There may be a simple loss of consciousness from many causes, but for epilepsy there must be a few such attacks, as loss of consciousness itself cannot constitute epilepsy. When loss of consciousness occurs from arrest of the heart we have syncope, but when the heart continues to beat, and there have been a number of attacks of loss of consciousness, then we have epilepsy. But I have seen very few cases in my experience in which there were not convulsive movements of some muscles, especially of some of the muscles of the face or neck. There may be such cases, but epilepsy is usually characterized by two series of manifestations, loss of consciousness, and two kinds of convulsions. The first is rigidity or tonic spasms, almost always coming at the commencement, and second, the other series of movements or clonic convulsions. These usually exist in succession, the tonic convulsions preceding the clonic. These varieties occurring in succession, in repeated attacks, with loss of consciousness, constitute complete epilepsy.

In brain disease very frequently you have not to deal with epilepsy proper. Convulsions very frequently occur without loss of consciousness in such cases.

Other symptoms characterize convulsions dependent on brain disease, as compared with those occurring in idiopathic epilepsy. In the latter case the convulsions are almost always alike on both sides of the body. In convulsions dependent on brain disease they are very rarely alike on both sides. The head is drawn to one side, and the eyes are moved to one side, and there is a difference in the limbs on the two sides.

Another feature is, that one side of the body alone is frequently attacked with convulsions in disease of the brain, but in epilepsy this is never the case. Convulsions, then, occurring on one side of the body, lead to the suspicion that disease of the brain is the cause, especially when the convulsions are limited to one limb, as the arm or the leg.

In cases of convulsions due to brain disease, what was called by Galen and other physicians of his time an *aura*, will occur. Another feature of epilepsy due to brain disease is its curability. I may surprise many practitioners in this room when I say that epilepsy proper, or simple convulsions due to brain disease, generally can be cured, while on the other hand, hardly one case in a hundred of idiopathic epilepsy can be cured. So you see that there is a radical difference. It seems strange that in such cases that seem to be the more aggravated conditions our means of cure are more certain.

When epilepsy depends on disease in special parts of the brain, as in the base, our means of treatment may cure the case rapidly; that is, we can prevent the manifestations of the disease in its commencement, and by so doing we can cure it in time. The patient may have subsequent attacks within two years, but each attack may be averted, so that he is completely cured only after some time; though, as I said, the manifestations are prevented.

There is no doubt that epilepsy from brain disease depends simply on an irritation of certain parts of the brain, on which our means of treatment exert a powerful and controlling influence. It may be that before a very long time has elapsed we shall have the same great power over paralysis as we now exert over convulsions, as, according to the theory I have set forth, it is only a manifestation of irritation, in the same way as convulsions.

An irritation starts from a certain point and produces an inhibitory effect, a cessation of activity on cells at a distance, and paralysis results. If the irritation goes to cells that are able to produce reflex action, instead of to simple motor cells, another irritation is produced and convulsions occur. It is essentially the same cause in both cases. An irritation starts from a certain point, is propagated to distant parts, and produces paralysis or convulsions, according to the properties of the part on which it acts. If we can cure convulsions dependent on brain disease, we may find means to cure paralysis as well, for they are both dependent on the same cause. What has already been discovered as regards anesthesia is most important as regards our being able to cure paralysis.

I now pass to the study of certain features that present themselves with convulsions, due to disease in the brain. These are the *aura* or warning symptoms that precede the attack and the loss of consciousness.

First, as regards the *aura*. I wish every one would study with great care every case of epilepsy to see whether or not this exists. It is true that it is very difficult for a busy practitioner to examine every part of the entire surface of a patient's body, but not to do it is a lack of employment of our knowledge, and we do not do our whole duty to our patient if we neglect it. I know that I myself have been guilty of such neglect. I will state the facts that have led me to these remarks. I have found that irritation of certain parts of the body in epileptics will often, and in some cases always, produce an attack of the disease. I have not dared in many cases to produce an attack by such means, but in a few I have. I never wish intentionally to produce an attack, but it is important in some cases to ascertain whether we have to deal with epilepsy due to organic disease of the brain, or to some other cause. In this way we bring the attack to be like those that are preceded by an *aura* appreciable to the patient. If there be an *aura*, and the place where it starts from is determined, then the application of a variety of means of counter-irritation has a great power of curing the attack. So, if you produce an attack of convulsions in this way, the patient is well repaid, as counter-irritation applied to the part may produce a cure of his disease. This spot may be situated in any part of the body so that an irritation applied to the back of the head, or neck, under the ear, or under the jaw, at the level of the origin of the vaso-motor nerves, the first or second dorsal nerves, the knees or other parts of the limbs, in some cases the breast and so on, may be the means of curing the

epileptic seizures. Abercrombie and Bright had cases like these. Reeves Clark had a most important case in which a touch on the breast produced an attack. In these cases counter-irritation applied to these points may effect a cure.

The *aura* may vary greatly. It may consist in a peculiar movement or in a sensation; the movement may occur anywhere in the body. I had a case in London in which there was such a violent contraction of the bladder that the urine was forced out with great rapidity. This occurred two or three hours before the attack. Any muscle in the body may contract in this way. The organs of the abdomen or chest may be affected in like manner. Any muscle of the limbs or trunk may contract in the same way as did the muscles of my patient's bladder. As you well know, there are muscular fibres surrounding the blood vessels. On this account you will get a pallor of the part in which the contraction occurs. It may be in the face or elsewhere. There is likewise a diminution of the temperature of the part.

There is, therefore, a kind of *aura* which consists in muscular contractions in various parts of the body. The bronchi, the diaphragm, the intestines, in fact any part may be subject to this contraction. The important point, for the sake of applying means of treatment, is to determine whether such a place exists, and if it is a constant place, and if the *aura* frequently occurs there previous to an attack. If such a place can be found, you have a great chance of doing a good deal for the patient by applying means of counter-irritation.

Another kind of *aura* is one of sensation. It is variable, but it generally consists of an indefinable sensation. The patient cannot tell what it is like. Its peculiarity is that it is like itself and nothing else; in fact, it cannot be accurately described. It belongs only to that peculiar state. Some physicians think that the term *aura* should be limited to this peculiar sensation, but the term should apply to everything that takes place before the beginning of the actual attack. In those cases in which the *aura* appears long before the attack we have great chances of staying it off.

I pass now to the consideration of loss of consciousness. In 1857, in this country, in a work on epilepsy, I tried to show what is now admitted by physiologists and physicians, that the loss of consciousness is the result of the contraction of the blood vessels in the cerebral lobes. I am sorry indeed that my ideas were followed, for I now believe that it is only partly true, if true at all. I am quite certain that the blood vessels contract, for I have seen it many times, and the fact is beyond dispute, but just as in the case of sleep, as shown by Dr. Hammond, the contraction is not essential. To say a few words about sleep, the contraction of the blood vessels is so little essential to that phenomenon, that in animals in whom both sympathetics have been divided, and where there can be no contraction, but on the contrary a state of congestion exists, sleep takes place just as well as if the blood vessels of the brain were contracted.

It is clear, therefore, that contraction of the blood vessels of the brain is only something that takes place during sleep, and is not the cause of sleep. So that a remedy that produces contraction, given in order to produce sleep, is wrong. The contraction of the blood vessels is not essential; it may be accidental.

I will consider in the next lecture the cause of loss of consciousness in epileptic attacks.

CLINICAL LECTURE.

Delivered at the Hospital of the University of Pennsylvania

BY

WM. GOODELL, A.M., M.D.,

Professor of Clinical Gynaecology.

I. CONICAL CERVIX. II. DYSMENORRHOEA. III. DIAGNOSIS OF OVARIAN CYSTS.

CONICAL CERVIX.

This woman has been married a year and a half and has not yet conceived. There is evidently a fault somewhere. The most frequent causes of sterility are: (1) extreme ante flexion and (2) what is known as a conical cervix. Let us see what is the matter here. The patient tells me that previous to her marriage she was perfectly well, but that since that time she has had a good deal of uterine trouble, as shown by painful micturition, difficulty and pain in her sexual relations and great dysmenorrhœa. Upon examination, I find the cervix to be very small, not any larger, in fact, than the tip of my little finger. I also find that it projects fully three quarters of an inch into the vagina. The external os of the cervix is also unusually small; a pin-hole os. The womb is slightly prolapsed. It is very easy to see what has been the cause of the pain experienced during copulation, for (1) the distance from the fourchette to the cervix uteri is only an inch and a half; and (2) the vaginal walls are tense and inelastic. The patient, furthermore, tells me that there has been copious leucorrhœa since her marriage.

I have inserted the speculum. You see how much difficulty I have in expanding the blades. Indeed, were I to set to work roughly, I might tear the vagina. Let me give you a piece of information while I am slowly opening these blades. All the anterior portions of the sexual organs are exceedingly sensitive, while inside of the vagina the parts are so insensitive, that even the application of pure nitric acid to the cervix or womb, gives but little pain. The os of the cervix is, as I told you, very small, but still I can get the sound in without much difficulty. The womb is of the normal length, but is slightly ante flexed. How do I account for the dysmenorrhœa? There is a good deal of endometritis here; the lining membrane of the womb is so thickened that it has, to a great extent, occluded the abnormally small cervical canal at the time of the menses.

It is necessary to the mental and physical happiness of a woman that she should have children. Unless a woman conceive within a year or so after marriage she is very likely to have obscure neuralgic pains and severe uterine disorders. This being the case, we must try and place our patient in a position in which conception will be possible. How shall I bring about this desired result? There are two methods: (1) by gentle dilatation of the cervical canal, or (2) by weekly applications to the lining membrane of the womb and cervix. I think I will first try gentle dilatation. The os is entirely too small. I am not going to give ether, because its use would destroy, to a large extent, the good effects of the dilatation. The operation is a painful one, and so I must work very gently. While I have been talking to you I have expanded the blades fully one-third of an inch. The canal is now large enough for me to pass in a piece of cotton. As I intend to employ both of the methods of treatment above-mentioned in this case, I will ask the woman to come here every week regularly and have an application made to the womb of saturated tincture of iodine. There has been but very slight bleeding, as you see.

You will come across such cases as these very frequently in your practice. In some instances you may have to put your patients under ether and dilate the os forcibly. Why did this trouble grow worse after marriage? or, rather, first let us ask why was the woman sterile? In intercourse the male organ pushed the cervix to one side, and so the semen did not find its way into the opening. Even if this had not occurred, the angulation would completely occlude the canal so far as the passage of semen was concerned. Why does sterility produce uterine disease, you will now ask? Pregnancy and lactation call a temporary halt in the progress of constant sexual excitement, but when conception does not take place, the sexual excitement goes on and the congestion becomes greater and greater. This congestion, when the time of the menses approaches, increases the flow, and also increases the secretions of the womb. The blood and secretions are retained, the womb swells, endometritis, perhaps hyperplasia, takes place, and the cervix and womb become so sensitive that the woman cannot tolerate the marital approaches, or at least cannot complete the act as soon as the husband. Thus the excitement on her part is kept up without the succeeding relaxation. You will very often have newly-married husbands come to you and tell you that they constantly find themselves completing the act of copulation before their wives. Very many women know so little of such matters that it takes them a long while to be educated up to the point of reciprocity with the male. This state of affairs may be due to perfect purity, or an entire apathy in such matters. Where it is due to apathy there is not so much danger, for in that case there is little or no congestion of the parts. Otherwise, *i. e.*, where the husband completes the act first, it is very hard to know what treatment to pursue. I think the best plan is to order the husband to sleep in a separate bed, so as to remove the temptation to too frequent approaches. Abroad, married

persons always sleep in separate beds. Very few men will be reasonable if allowed to sleep with their wives under such circumstances. I am inclined to think that very many cases of severe uterine disease date from the honeymoon, the time when young couples go away from home for this very purpose. But too often both parties are permanently injured by the excesses indulged in during these first few weeks spent away from home, and entirely given up to pleasure seeking of all kinds in general, and particularly of one.

DYSMENORRHEA.

A celebrated Western gynecologist spoke to me at Boston last summer of a new method which he had employed for treating dysmenorrhea. He said he took pieces of the bark of slippery elm, and whittled them to the size of matches, then tied a string to each and packed the cervical canal with them. It struck me at the time as an excellent plan, and I determined to employ it in the first case of dysmenorrhea in hospital practice that fell to me after I returned. That case happened to be the one I now bring before you. I put the slips in three times. After removing them the third time the woman had a severe attack of peritonitis. I will not despair of the remedy because it failed me once, but I will not try it again in this case.

You must always be very tender in examining the womb and cervix of a patient who has lately had pelvic peritonitis. Never make any irritative applications to the womb in such a case. I am going to insert my finger here and move the womb about very gently to see if any pain or plastic adhesions remain. This woman, since the attack of peritonitis, has experienced a great deal of pain in passing her water. However, the angulation of the canal would explain this. There has also been a good deal of leucorrhœa. I intend to pass a sound very gently. It stops at the internal os. Now, it would be very bad surgery in such a case as this to go on and dilate after giving ether. There is not much pain at the os externum, and it is quite roomy; so the slippery elm did some good after all.

What will be my treatment? I will tell this woman when she goes home to put one drachm of chlorate of potassium in a gallon of water and to syringe her vagina out well with this solution. She had better use a fountain reservoir or something of the sort for this purpose. The water must be so warm that she can just put her elbow in it—from 110° to 120°. The reservoir ought to be put on the mantle-piece, and the water finds its way into the vagina through a length of rubber tubing. We are indebted to Dr. Emmet of New York for this suggestion. I would like the patient to try this daily for a month's time, and then to return to us and report progress. Among other things, walnut leaf tea is a very excellent vaginal application in these cases.

When the patient returns at the end of the month, how shall I treat her? I shall make an application of carbolic acid to the fundus of the uterus. I shall then introduce an Elliot's repositior, and turn the

handle of the instrument. The womb will thus be carried in the same plane into a position of retroflexion. When you use an Elliot's repositor you must work very slowly, or you will cause the patient a great deal of needless pain. Do not introduce this instrument oftener than once every four days, or every week. If you persevere patiently you will finally succeed completely in reducing the displacement.

Before letting the woman go away to-day I am going to introduce a pessary. I do not believe in beginning with a ring pessary in such a case. Of all pessaries the ring pessary is the most liable to do harm. Another point: Do not put in too large a pessary when treating cases like this. If the pessary be too large it may ulcerate into the walls of the vagina, and become so firmly fixed there that it will have to be cut out. I have had several cases where the pessary rested in a grooved ulcer and the skin had united over the rim. When such an accident happens, the best thing, perhaps, that you can do is to get a pair of bone forceps and cut up the pessary in pieces, and so remove it from its bed.

The best pessary for this case is a Hodge, or Smith's modification. Be sure to impress upon the patient if at any time she finds herself unable to remove the pessary, that she send at once for a physician.

THE DIAGNOSIS OF OVARIAN CYSTS.

The patient is married, but sterile. You notice the very marked swelling on the left side of the abdomen. The patient first noticed this enlargement during an attack of dysentery. Since that time the tumour has constantly increased in size. After a careful examination I have diagnosed this tumor to be a cystic degeneration of the ovary. As I find that the womb is pushed over to the right, I should say the left ovary was diseased.

What is an ovarian cyst? The ovaries, as you know, produce the Graafian follicle, which is a little cyst. Some say that one of these follicles enlarges, degenerates, and so forms a cyst. This would account for the origin of a unilocular cyst. When the cyst is multilocular it is supposed that several of the follicles become cystic, that some one overlaps and includes the others, which thus form children cysts. Other physicians and pathologists hold that the substance proper of the ovary degenerates and becomes cystic. I think that the first theory is the more plausible of the two.

A cyst of the ovary very rarely occurs after menstrual life. It is very likely, however, to affect women who are sterile. There are three kinds of ovarian cysts, the monocyst, the oligocyst, and the polycyst.

Ovarian cyst is to be distinguished from dropsy in the following manner: In a case of ascites, the abdomen, when the patient is placed on her back, is flat on top and bulges out at the sides. Here there is a projection on top and not so much bulging out at the sides. In ascites, the intestines float up to the top, and we get resonance

upon percussion. Here percussion, both superficial and deep, reveals only flatness. In cases of ascites, when the fluid is allowed to settle, there is usually resonance on the top of the abdomen, and dense flatness at the sides. Here there is quite appreciable resonance on the sides.

Examination of the external genitals, vagina, womb and breasts, which have withered, excludes the possibility of pregnancy.

There is one most certain way of settling the question, and that is by means of the aspirator. The fluid of ascites is straw-colored and limpid; that of a monocyst is perfectly clear and limpid, like spring water; that of a polycyst is thick, dark and turbid, from disintegrated red blood corpuscles; that of an oligocyst, which I suspect this to be, is usually of a milk and water, or of a light brown color. I should not think of tapping a polycyst unless I were ready to proceed at once to operate. The fluid is so intensely acrid and irritating that the escape of a few drops into the peritoneal cavity might set up a violent peritonitis, and rapidly destroy life.

I make the puncture in this case in the linea alba, half way between the umbilicus and the symphysis pubis. The fluid here is, you see, of a medium brown color. I shall send a part of this liquid to Professor Tyson for microscopic examination, and if he finds any of the Drysdale ovarian cells in it, I shall be confident that we have here an oligocyst.

ORIGINAL ARTICLES.

PULVIS ARSENICOSUS ASIATICUS.

BY

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PULVIS ARSENICOSUS ASIATICUS.

The well known "Asiatic pills," composed of arsenious acid and black pepper, enjoy a high repute in Europe in the treatment of certain cutaneous and malarial affections. They are occasionally employed in this country, but not so frequently as abroad. Personally I have found them, as obtained on prescriptions, very uncertain. The cause of this was not clear until I found that there were in use several different formulas for their preparation.

Cazenave gives the following:

R	Of arsenious acid,	gr. lv
	Of black pepper in powder,	ʒ ix
M.	and make 800 pills.	

The French Pharmacopœia directs that they shall be made as follows:

" PILULE ASIATIQUES.

	Grammes.
R. Acide Arsénieux porphyrisé,	0.50
Poivre noir en poudre très-fine,	5.00
Gomme Arabique pulvérisée,	1.00
Eau distillée,	q. s.

Mettez l'acide arsénieux dans une mortier de porcelaine; ajoutez-y peu à peu, en triturant longtemps et avec précaution, le poivre et la gomme, de manière à obtenir un mélange très-intime. Ajoutez la quantité d'eau nécessaire pour former une masse de consistance convenable: Divisez la masse en cent pilules, dont chacune contient. 0 gr. .005 d'acide arsénieux."

In Germany the Asiatic pill is not officinal, but is prepared according to formulas differing from the foregoing. Lastly, I have been informed that many of the Asiatic pills sold in this country contain no arsenic at all. Under these circumstances it is not surprising that they have fallen into disuse. Believing, however, that the combination is "too good to be lost." I have had the following prepared:

PULV. ARSEN. ASIAT.

R.

Acidi arseniosi, 2 parts.

Pulv. pip. nig., 20 "

Sacch. lactis, 78 "

M. Tere bene secundum artem.

To obtain a good preparation it is essential that the mixed powders should be very thoroughly triturated, as directed in the French Pharmacopœia, and it is specially requisite that the arsenic should be equally diffused throughout the mass. To accomplish this successfully, one-third of the sugar should be mixed with the arsenic, rubbed and mixed for at least twenty minutes; a second third of the sugar should then be added and manipulated for twenty minutes more; afterward the rest of the sugar and the pepper should be added and rubbed with the rest for an additional twenty minutes.

The powder thus made, according to the formulas given, can afterward be made into pills, compressed or not, of any desired size, or it may be dispensed in the form of powder. In the latter case it cannot be comfortably taken, either dry on the tongue or in water, on account of the hotness of the pepper. To remedy this, however, I have sometimes directed patients to keep their powders in the dining-room, and at each meal to put the dose upon their plate and to use the "medicated pepper" in the same manner as they would the ordinary non-medicated condiment. This powder is kept on hand and compressed by F. A. Reichardt, 404 Fourth Avenue, New York.

TRANSLATIONS.

REMARKS ON GONORRHOEAL ARTICULAR
RHEUMATISM,

Delivered at the Hospital La Charité,

BY

M. HARDY.

(Gazette des Hôpitaux.)

We have at present in our service in the hospital a man of thirty-two years of age, a cook, who has had a number of attacks of gonorrhœa, one of these during the last year. It presented this peculiarity, that in the course of the disease, and even at the commencement, it was accompanied by a painful swelling of the two knees, which, after having persisted for several weeks disappeared without leaving any traces.

Four months ago, this man having contracted a new gonorrhœa, he was taken, as in the previous instance, about fifteen days after the commencement of the running, with intense pains, having for their seat the tibio-tarsal and metatarsal articulations of the two feet. These pains were so severe, that for two months, the patient was not able to walk. After that they disappeared, and the discharge, which during their manifestation was suppressed, then commenced afresh. From that time the man was able to perform his duties, but at the end of eight or ten days, whether through improper hard work and fatigue, or from the influence of being chilled, the pains re-appeared in the articulations and compelled him to enter the hospital.

At our visit we discovered the following state: The patient is pale, markedly anæmic, and shows a slightly cachectic hue. In the feet, and particularly in the left foot, the tibio-tarsal and meta-tarsal articulations are the seat of a very marked swelling; they are, moreover, extremely painful, both when he remains quiet and when he walks, but worse when he walks. There is no febrile movement of any account, the pulse is normal, the digestive functions are entirely natural; no cough; indeed, nothing appreciable in the different organs except a very slight proportion of albumen in the urine.

From the presence of these signs and symptoms, it is evident that we have to deal with that variety of arthritis which has been designated by the name of gonorrhœal rheumatism. But, aside from this affection, there exists another which is indicated by the presence of albumen in the urine, as well as by the pallor and profound anæmia of which this man bears the marks. This affection is no other than a nephritis, which, and above all parenchymatous nephritis, is, indeed, a sufficiently frequent complication of gonorrhœa. It results from the propagation to the kidney of the inflammation that is seated in the urethra.

The treatment on which we have placed this patient consists simply in the administration of the salicylate of soda, so much praised at the present time for the treatment of articular pains. During the last forty-eight hours, he has taken each day, in one portion, six grammes (a drachm and a half) of this substance. Since then the swelling has decreased, the pains during rest are less severe than before, but those that occur when he walks are just as aggravated. In fine, the slight ameliorations that we have obtained seem to be more the consequence of the rest than of medication, and the salicylate of soda does not seem to give, in gonorrhœal rheumatism, the improvements which we have obtained from this substance in the treatment of true articular rheumatism, inflammatory in character and generalized.

It was not so very long ago that the attention of physicians was called, for the first time, to gonorrhœal rheumatism. It was, indeed, only at the end of the last century, in 1781, that the relation that exists between certain articular pains and gonorrhœa was remarked upon. Hunter, at first, later Ricord, Rollet, and Fournier were those who contributed the most to make the affection a particular nosological entity.

Gonorrhœal rheumatism, like articular rheumatism, is particularly characterized by pains, sometimes very slight and occurring only during walking, at others extremely severe and persisting, even during repose. The articulations attacked by gonorrhœal rheumatism are, moreover, the seat of swelling, and often present an enormous effusion that may sometimes simulate a true hydrarthrosis.

As regards the erythematous redness so evident sometimes in acute articular rheumatism over with the diseased joints, it is rare in the variety that now occupies our attention.

Gonorrhœal rheumatism seems to have a marked predilection for the large articulations, and notably for the knee. Following, in order of frequency are the articulations of the wrist, the foot, the shoulder, the fingers and the toes, and the tarsal and metatarsal.

But it is not always limited to the articulations. It is for this very reason that I prefer to call it rheumatism rather than arthritis, as certain authors have proposed. Sometimes, indeed, it is in the sheath of the tendons that it develops itself, as those of the wrist, for example, or the foot; again it may be in the tendo Achillis or the tendon of the patella.

At other times it is in the tendinous bursæ, more rarely in the sciatic nerve (Fournier), sometimes on one side, sometimes on the other, and even in the two at the same time.

At the same time that the disease occupies the different parts of the body, we frequently see divers accidents happen to the eye, such as intense conjunctivitis with purulent secretion, or even a keratitis with accompanying iritis; analogous phenomena to those that are observed in this organ in the course of ordinary rheumatism.

The number of articulations affected by gonorrhœal rheumatism is very different from the number involved in febrile rheumatism. So

much so, indeed, that the latter has a very great tendency to attack many articulations, sometimes even all the joints in the body, while it is rare to see the variety we are now studying occupy more than one, two, or, perhaps, three or four articulations; it is rarer still to see these taken one after another, as is the rule in the former disease.

Gonorrhœal rheumatism is, in general, apyretic, and in this again it differs from the preceding kind, so that it, at the commencement, under some circumstances, we observe a slight febrile movement, it is always very moderate and does not last longer than two or three days.

In the same way, contrary to what is seen in acute articular rheumatism, the increase in perspiration amounts to nothing, or very nearly so. Finally the urine does not exhibit any of those alterations that characterize ordinary rheumatic cases; it is neither frothy, nor cloudy, nor turbid. In ordinary rheumatism, as is well known, the urine is always characterized by the presence in larger proportion than customary, of the urates, uric acid, and urea. Finally, gonorrhœal arthritis is not complicated as is acute articular rheumatism with cardiac affections, so frequent, on the contrary, in the inflammatory form.

Relatively to its termination we find, in the same way, in the disease which is made the subject of this lecture, something peculiar. Indeed, after having lasted several weeks, or several months, cure is ordinarily the rule; but it may also happen that the articulation, although deserted by the disease, remains painful; sometimes even it occurs that it may be the point of departure for a true hydrarthrosis, or even a white swelling, which will terminate in ankylosis. Ankylosis, moreover, may become established without this last complication.

As regards its etiology, we shall say that in order to have gonorrhœal rheumatism we must have, as an essential condition, the existence of gonorrhœa; but this does not suffice; it is yet requisite, in order to be affected, that the subject should have a special disposition, which is not, as some have wished to establish, a certain tendency to the rheumatic diathesis. Ask, indeed, those patients who cannot have gonorrhœa without immediately seeing one or more of their articulations become the seat of the phenomena with which I have made you acquainted, and they will invariably reply to you, that except with gonorrhœa their joints are always perfectly free, and that they are not the subjects, after catching cold, to contract muscular or articular pains.

We do not know anything positive relative to the epoch at which gonorrhœal rheumatism appears. All that we can say is that sometimes it appears at the commencement of the urethral affection, and sometimes only one, two, three or four days after the first symptoms of the disease. There is the same uncertainty about the influence which the gonorrhœa exerts on the intensity of the articular pains. It has been asserted, it is true, that those cases are the most severe in which the discharge is the most abundant, but they are just as bad in acute or sub-acute gonorrhœa as in that which is characterized by only a slight discharge.

At the time of the appearance of the articular phenomena, it is not rare to see the gonorrhœa arrested at once, to become aggravated again after the cure of the rheumatism. It seems as if there were a true metastasis, like a transportation of the morbid materials from one place to the other. This phenomenon is far from being constant, but it is quite ordinary to observe that, with the arrival of the rheumatism, there is a certain diminution of the discharge.

In view of these considerations the disease requires a treatment altogether special. Indeed, gonorrhœal rheumatism being a local affection altogether, and not accompanied by general phenomena, we may conceive that measures which have a purely local action should alone be used in the treatment of this affection. We should, therefore, at the commencement, have recourse to applications to the diseased parts, leeches, wet cups, cataplasms, and if the disease has a tendency to continue, we may employ blisters. Finally, later on, if the gonorrhœal rheumatism has a tendency to take a chronic course, we will find employment of baths, of douches, of thermal mineral waters, salines or alkalines, of some slight value; in a word, the different methods by means of which we combat chronic rheumatism.

F. A. L.

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